

## **Slide 0 is the title slide. - Megan**

Hello everyone, and welcome to today's Community Input Webinar for the Draft State Health Improvement Plan, Creating a Culture of Health for Washington

My name is Megan Davis and I will be your moderator for today's interactive session. I am a Performance Management Consultant at the Washington State Department of Health and I staff the State Health Improvement Plan workgroup.

Today, we are pleased to introduce to you the draft State Health Improvement Plan, and ask you both for improvement suggestions and for your support. We invited a wide variety of individuals and groups from across the state, including tribes, local governments, nonprofits, education experts from kindergarten through postgraduate level, health care providers, health insurers, and other state agencies. All of your contributions are vital to creation of a plan we will all work on together, for the health of everyone in Washington.

Before I introduce our speakers, I'll go over some housekeeping details and review our learning objectives.

During the presentation, attendees will be in listen only mode.

When a poll window appears, (we'll have several of them) please indicate your selection.

When an open-ended question appears, please type in your comments. We have several people ready to read your ideas to the group. Your comments and suggestions are very valuable to us at this stage of drafting the State Health Improvement Plan, and we thank you in advance for sharing your thoughts.

## **Slide 1 - Megan**

Here are our objectives. By the end of this webinar we will have accomplished some important objectives.

- ❑ We'll be able to describe several sources with input into the draft plan
- ❑ We'll know the 2 near-term things local and tribal public health will do to improve health in Washington over the next 3 years
- ❑ We'll be able to explain 3 long-term visionary areas in the draft SHIP
- ❑ Each of us will know 1 or 2 ways we or our organization will contribute to achieving the SHIP's aims

Everyone will have several chances to share feedback using polls and the chat box

At the end we will share the email address for sharing additional feedback after the webinar ends

Our presenters today are Pamela Lovinger and Torney Smith. I will introduce them briefly now.

**Pamela Lovinger** is Deputy Assistant Secretary for the Division of Disease Control and Health Statistics (DCHS). She received her Bachelor's in political science from the University of Washington and her Masters in public administration from Evergreen State College. Pamela has a certification from the executive management program at the University of Washington. She enjoys traveling with her husband, Marty; they recently traveled to Paris.

**Torney Smith** is the Administrator for the Spokane Regional Health District. He received his Bachelor's degree in economics from the Wharton School of Finance at the University of Pennsylvania and his graduate degree in health education from Whitworth University. He participates nationally in public health accreditation and quality improvement efforts.

Torney is married and has two grown children and three grandchildren. In his spare time he plays golf, skis, and loves to work outdoors.

## **Slide 2 - Megan**

Now I will turn the presentation over to Pam, to get us started.

## **Slide 3 - Pam**

Hello everyone. Thank you very much for being with us today. We are eager to hear your ideas.

Our State Health Improvement Plan is a roadmap to create a culture of health in Washington State. It is divided into two distinct parts:

The first part is a near-term section with two key goals the tribal and local public health system will work to improve over the next three years. These two goals are, in a way, a bridge between the present system and a future system of that engages many sectors of society and many players in communities across the state to work together to improve population health.

The second section outlines a visionary approach to improving population health in collaboration with a wide range of partners, with the aim of creating a well-functioning Community Wellness System all across the state.

## **Slide 4 - Pam**

### **Why create a SHIP? And Why Now?**

So much change is happening in the delivery of both health care services and public health services. We have an opportunity in this moment to seize the chance to set a course for a culture of health.

The SHIP is a way to encourage and build upon the alignment emerging from the many health-related initiatives taking place.

Communities across Washington are implementing their Community Health Improvement Plans. Nearly 50 nonprofit hospitals are contributing to improving health in their communities as well, through their Community Health Needs Assessments.

The American Indian Health Commission's document, Healthy Communities: The Journey Forward, reflects the direction of tribal governments toward improvements in community health, engaging all community sectors.

In addition, Governor Inslee's Results Washington Initiative is bringing state and local government together to address a wide range of health priorities, including reducing disparities in health among some minority and rural populations. From transportation to education, government is working together to improve health.

State wide and national efforts such as the State Health Care Innovation Plan, Essentials for Childhood, Winnable Battles, and the work by the Robert Wood Foundation are all moving us in the directions described in this draft State Health Improvement Plan.

#### **Slide 5 - Pam**

Public Health Accreditation requirements also call for this plan and for a statewide community to work toward health improvement. The Washington State Department of Health achieved voluntary national accreditation in 2013.

#### **Slide 6 - Pam**

Now I want to give you a brief glimpse of the plans and assessments that we reviewed as part of developing this draft plan

#### **Slide 7 - Pam**

We reviewed the Community Health Needs Assessments of 42 nonprofit hospitals in our state, and here are the areas that appeared most frequently in them:

- Access to Care
- Behavioral Health (mental health and substance abuse)
- Chronic disease prevention, especially Obesity, Diabetes, cardio vascular disease and tobacco use
- Health education and Healthy Eating, Active Living
- Healthy Starts, including pre-conception, perinatal, and low weight babies, and
- Health Disparities

#### **Slide 8 - Pam**

This slide shows the topics chosen in 28 Community Health Assessments and Community Health Improvement Plans, which are created by local public health jurisdiction in collaboration with their many community partners. The list on the previous slide appears here as well, with the addition of Environmental Health, a topic that encompasses food safety, climate change, healthy fish, and healthy air and water.

#### **Slide 9 - Pam**

And here is that other list of current initiatives I keep mentioning. This list is a compilation of tribal, state, local, and nationwide efforts that have informed the development of the draft SHIP.

Now we have a couple of questions for you. We want to know how you feel about the information I have shared so far, so I will pass the microphone back to Megan to introduce the questions to you.

#### **Slide 10 – Megan**

When the poll appears on your screen, please select one response. (Tell the group about the responses and share the results with attendees.)

#### **Slide 11 – Megan**

What questions or concerns do you have so far? Please share your comments or questions in the Chat Box! We will read the questions and comments aloud, respond to as many as possible. Your feedback will inform the final SHIP.

#### **Slide 12 – Megan**

Pam will now introduce the first part of the SHIP, Near-term things public health and its partners will do to improve health in the next three years.

#### **Slide 13 – Pam**

The first part of our draft plan has a near-term, 3 year focus and addresses to areas vital to improving population health now and far into the future.

Under the category of Nutrition, Physical Activity and Obesity, public health is already working with many community partners to

Increase the proportion of middle and high school youth who have a healthy weight

This data will come from Healthy Youth Survey measures for youth, grades 6, 8, 10, 12

Under the category of Access to Care

Increase the number of tribes and local health jurisdictions that are actively participating in the Accountable Communities of Health or regional health collaboratives

This will be a new data set, to be developed as these new efforts take shape over the course of the coming months and years.

Now we have a question for you, about these two goals. Megan?

#### **Slide 14 – Megan**

Hello again, folks.

When the poll appears on your screen, please select one response. (Tell the group about the responses and share the results with attendees.)

**Slide 15 – Megan**

What questions or concerns do you have about these two near-term goals? Please share your comments or questions in the Chat Box! We will read your questions and comments aloud.

**Slide 16 – Megan**

Will you be able to rally partners around the two near-term goals? Perhaps you are already engaged in efforts related to them? Please share your comments or questions in the Chat Box!

Torney will give us background on the next section of the plan now.

**Slide 17 – Torney**

Hello everyone. It is good to be with you all today.

Before I introduce the visionary part of the SHIP, I want to introduce some work by the Robert Wood Johnson Foundation's Commission to Build a Healthier America. Their January 2014 report, *Time to Act: Investing in the Health of Our Children and Communities* has shaped our thoughts about the longer-term direction of the draft State Health Improvement Plan.

**Slide 18 – Torney**

It calls for three fundamental approaches:

- ☐ Making investing in America's youngest children a high priority
  - ☐ Ensuring that families and communities build a strong foundation in the early years for a lifetime of good health
- ☐ Fundamentally changing how we revitalize neighborhoods
  - ☐ Fully integrating health into community development
- ☐ Broadening the focus of health care to help people lead healthier lives
  - ☐ Adopting new, non-medical, health 'vital signs' for individuals and community health needs assessments

**Slide 19 - Torney**

We want to build a culture of health in collaboration with the wide array of partners possible. In our visions,

- ❑ Good health flourishes across geography, demographic and social sectors
- ❑ Being healthy and staying healthy is valued
- ❑ Individuals and families have the means and the opportunity to make choices that lead to healthier lifestyles
- ❑ Business, government, individuals, and organizations work together to foster healthy communities and lifestyles
- ❑ Everyone has access to affordable, quality health care
- ❑ Health care is efficient and equitable
- ❑ The economy is less burdened by excessive and unwarranted health care spending
- ❑ The health of the population guides public and private decision-making

#### Slide 20 – Torney

We know that the biggest impacts to health happen early in the life of each person. Socioeconomic factors (depicted at the bottom of this pyramid) have the greatest impact. Emerging science around genetics and epigenetics shows that we can improve the long-term health of individuals – and therefore our whole society – by creating supportive, nurturing environments for our youngest children and their families. This support can include education and availability of healthy food, safe places to be physically active, and early support for learning readiness, support to complete educational milestones like high school graduation and beyond.

#### Slide 21 – Torney

In Washington, we know that some of the leading causes of premature death and poor health are:

- ❑ Educational variances
- ❑ Income disparity
- ❑ Neighborhood/place
- ❑ Social status

One of our most important points today is that by preventing unhealthy behaviors and replacing them with healthy habits and systems, we can drive down chronic disease rates and improve quality of life for everyone!

And this is a job *for* everyone! Clearly, Public Health cannot hope to accomplish such goals alone, and we are eager to collaborate for better health today and for generations to come. **A wide variety of partners is needed to bring about these changes.**

So now I will introduce the 3 long-term

#### Slide 22 - Torney

The core mission of public health remains the same: the reduction of the leading causes of preventable death and disability, with a special emphasis on underserved populations and health disparities. This is our perpetual north star. Yet, the world is very different than just a few years ago, and the way we achieve that mission has to change dramatically too. We recognize these new circumstances and are adapting accordingly. We are focusing on collaboration, sharing our data and prevention expertise, and convening partners so that together we can solve our pressing health challenges.

Also, as I said earlier, a SHIP is required by the Public Health Accreditation Board – and across the state and the country, we are seeing good results from developing a health assessment, then an improvement plan, which feeds the strategic plan of the agencies involved.

The long-term visionary second part of the draft SHIP starts with

Priority 1: Invest in the health and well-being of our youngest children and families. Examples of areas where key measures will be tracked (and in some cases need to be developed first) are

- ❑ Healthy relationships
- ❑ Healthy weight
- ❑ Healthy development (readiness to learn)
- ❑ Trauma-informed health care practices (ACEs concepts)

#### **Slide 23- Torney**

Priority 2: Support development of healthy neighborhoods and communities

- ❑ Community safety
- ❑ Quality housing
- ❑ Health promoting community structures such as parks and sidewalks

#### **Slide 24- Torney**

Priority 3: Broaden health care to promote health outside the medical system

- ❑ Community linkages available to providers
- ❑ Healthy people through the life span
- ❑ Now I will hand the mic back to Megan to take us through some final questions and information about next steps and how to share additional feedback with us.

#### **Slide 25 - 30 Megan**

Review final questions, next steps, and feedback email address.